

TEMPORARY ADDITIONAL DUTY (TEMADD) TRAVEL ORDERS

1. FROM:			2. STANDARD DOCUMENT NO. N68553
3. TO: . AND NO OTHERS			4. TANGO NO. TO
			5. SSN/DESIGNATOR
			6. DATE
7. REF: (A) CO'S AUTHORITY			8. <input type="checkbox"/> INDIVIDUAL TRAVEL <input type="checkbox"/> GROUP TRAVEL
9. PROCEED ON OR ABOUT	10. AUTHORIZED ON OR ABOUT	11. APPROXIMATE NUMBER OF DAYS	12. ESTIMATED DATE OF RETURN

13. ITINERARY (Activity/activities and place/places indicated below) FROM: TO:	14. <input type="checkbox"/> TEMADD <input type="checkbox"/> TEMADDCON <input type="checkbox"/> TEMADDINS
	15. REASONS FOR TRAVEL:
	<input type="checkbox"/> AUTHORIZED VISIT SUCH ADDITIONAL PLACES AS MAY BE NECESSARY

FISCAL DATA ACCOUNTING CLASSIFICATION

APPROPRIATION SYMBOL AND SUB-HEAD (1) (2)	OBJECT CLASS (3)	BU CONT NUMBER (4)	SUB-ALLOT NUMBER (5)	AUTHORIZED ACCTG ACTY (6)	TYPE (7)	PROPERTY ACTG ACTY (8)	COST CODE (3)
(7 SYM) (4 SYM) AA17 1804.70FA	(3 SYM) 210	(5 SYM) 68553	(1 SYM) 0	(6 SYM) 068688	(2 SYM) 2D	(6 SYM) 68553	(12 SYM) 68553

18. ESTIMATED COST TRANSPORTATION PER DIEM MISC. EXP. TOTAL \$ \$ \$ \$	19. CUSTOMER IDENTIFICATION CODE
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20. ITEM (Use applicable item numbers as shown on reverse side of this form)
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"Report to a Disbursing Officer within 10 days of completion of travel to settle your travel expenses."

21. ADDITIONAL COMMENTS AND INSTRUCTIONS:	22. SECURITY CLEARANCE:
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23. AUTHENTICATING SIGNATURE
24. TRANSPORTATION REQUEST/MAC TRANSPORTATION AUTHORIZATION FURNISHED:

25. COPY TO: (Include Operating Budget/fund manager in all cases) FILE
